

Child Firesetting and Juvenile Arson Intervention Program

Incident Referral Form

Incident Date: _____ Referred By: _____

Incident Address: _____
Street City State Zip

Child Information

Name: _____ Sex: _____ DOB: _____

Address: _____
Street City State Zip

School currently attending: _____ Grade: _____

Mother/Guardian: _____

Work Phone: _____ Home phone: _____

Father/Guardian: _____

Work Phone: _____ Home phone: _____

Where did the incident/fire occur? _____

Items ignited: _____

Source of ignition: matches () lighter () other ()

Others involved in incident: yes () *list names on reverse side of this form* no ()

When applicable

Were smoke detectors present?

Did they activate? (Yes/No) _____

(If no why) _____

(When appropriate, test all smoke detectors and provide a new detector/battery)

If matches and lighters are accessible to children, please ask parent/caregivers to remove them immediately.

You will want to explain some about our program and that the parent/guardian can expect a call from the Prevention Division to extend these services and explain the intervention program in greater detail.

Comments: _____

